


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29914 (1)
1. Corporation Name
CELEBRATION BAPTIST CHURCH OF MILTON, FLORIDA, I NC.



Principal Place of Business 1551 BERRYHILL ROAD MILTON FL 32570 US	Mailing Address P.O. BOX 647 MILTON FL 32572-0647
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3. Date Incorporated or Qualified 12/28/1988	3a. Date of Last Report 02/26/1996
4. FEI Number 59-2917384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 210 MARGARET STREET Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 4047 Suite, Apt. #, etc.
22 City & State 23 MILTON, FL Zip 24 32570 Country 25 USA	27 City & State 28 MILTON, FL Zip 29 32572 Country 30 USA

9. Name and Address of Current Registered Agent LEE, WILLIAM R 5604 ELIZABETH WAY MILTON FL 32570	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	FISHER, WILLIAM F <input checked="" type="checkbox"/> DELETE	1.1 TITLE VD	JOSEPH CHAMBERS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 723 MUNSON HIGHWAY		1.2 NAME 102 ORANGE STREET	
STREET ADDRESS MILTON FL 32570		1.3 STREET ADDRESS MILTON, FL 32570	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE PD	PARKER, CECIL <input checked="" type="checkbox"/> DELETE	2.1 TITLE PD	WALTER CHAMBERS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 409 ALABAMA ST		2.2 NAME RT. t BOX 122-B	
STREET ADDRESS MILTON FL		2.3 STREET ADDRESS MILTON, FL 32583	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	PARKER, JOANNE <input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	SHARON L. PRESTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 409 ALABAMA ST		3.2 NAME 5167 SEAGULL DR.	
STREET ADDRESS MILTON FL		3.3 STREET ADDRESS PAGE, FL 32571	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE SD	PRESTON, SHARON <input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	AMY M. PRESTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 5167 SEAGULL DR		4.2 NAME 5167 SEAGULL DR.	
STREET ADDRESS PAGE FL		4.3 STREET ADDRESS PAGE, FL 32571	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SHARON L. PRESTON** *[Signature]* 904-623-3185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074570

CR2E037 (9/96)